

<p>05/07/2018 DO NOT DISPENSE BEFORE: 05/07/2018</p> <p>erx</p> <p>Patient</p> <p>Redacted - Confidential PHI</p>	<p>Prescriber Info Cont'd - PATSY BUCCINO Clinic: Buccino, Patsy D.O. Diagnosis Codes Primary: ICD10 M199C Secondary: ICD10 M519 erx sent to Store 10569 NABP 367571 Walgreen Drug Store 2249 YOUNGSTOWN WARREN RD NILES, OH 44446-4567 SurScripts, Inc. Prescriber Ord</p> <p>Redacted - Confidential PHI</p> <p>Prescriber Phone: 330-545-5041 F: 330-545-5041</p> <p>PATSY BUCCINO 24 S. State Street Girard, OH 44420 NPI: 1982673232 DEA: BB2882923</p> <p>Rx</p> <p>oxycodone 10 mg tablet 1 Tablet, every 4-6 hours #120 Tablet(s) Refills: 0 Substitution Allowed</p> <p>Page 1 of 3</p>	<p>Annotations:</p> <p>05/07/2018 03:41:25 PM Digital Signature Received</p> <p>Annot'd by SYSTEM at Store 10569 on 05/07/2018 15:41:25</p>
<p>Prescriber Info Cont'd - PATSY BUCCINO Clinic: Buccino, Patsy D.O. Diagnosis Codes Primary: ICD10 M199C Secondary: ICD10 M519 erx sent to Store 10569 NABP 367571 Walgreen Drug Store 2249 YOUNGSTOWN WARREN RD NILES, OH 44446-4567 SurScripts, Inc. Prescriber Ord</p> <p>Redacted - Confidential PHI</p>	<p>Sent Time 05/07/2018 15:41:25 ET</p> <p>Page 2 of 3</p>	<p>Redacted - Confidential PHI</p> <p>Allergies: No Allergies on file.</p> <p>OXYCODONE 10MG IMMEDIATE REL TABS KVK TECH NDC: 10702-0056-01</p> <p>Drug Class: C2 TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS</p> <p>Qty: 120.000 Days Supply: 30 Original Date: 05/07/2018 0 Refills before 05/07/2019 Refills Remaining when entered: NO Substitution Allowed</p> <p>PATSY BUCCINO DEA#: BB1509275 24 S STATE ST GIRARD OH 444202907 Phone: (330) 545-3467</p> <p>Data Pat/Pbr rev by: KAL on 05/07/2018 14:17:12 at 10569 Data Prod rev by: KAL on 05/07/2018 14:17:12 at 10569 DUR (Clinical) rev by: KAL on 05/07/2018 14:17:18 at 10569 Prod rev by KAL on 05/07/2018 14:28:51 CST at 10569 Pharmacist of record: DMD on 05/07/2018 14:28:51 at 10569</p>

Rx 1 of 1

05/07/2018

eRx

DO NOT DISPENSE BEFORE: 05/07/2018

Patient

Redacted - Confidential PHI

Prescriber

PATSY BUCCINO

Ph: 330-545-3467

24 S. State Street

F: 330-545-5041

Girard, OH 44420

NPI: 1982673232

DEA: BB2882923

Rx

oxycodone 10 mg tablet

1 Tablet. every 4-6 hours

#120 Tablet(s) 30 days supply

Refills: 0

Substitution Allowed

Page 1 of 3

✓
PDMP

Patient Name:

Please select one:

Oxycodone Hydromorphone Methadone Other (optional - district specific) _____

Date: 5-7-18

Check boxes that apply to assist the pharmacist in determining if the prescription should be filled. Attach checklist to hard copy of Rx.

Yes

No

1	Valid government photo ID copied and attached to hard copy of Rx. For eRx, attach copy at pick-up. ID is optional for Hospice, oncology, bedside delivery, sickle cell patients, and patients known to the pharmacy staff, unless it is required by state regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	No prior GFD refusal for <u>this</u> exact prescription in patient comments in IC+ profile. If so, prescription must not be dispensed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Patient has received this prescription from Walgreens before.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	This prescription is from the same prescriber for the same medication as the previous fill.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	3rd Party Insurance is billed (If cash or a cash discount card, use caution).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Patient does not appear intoxicated or under the influence of illicit drugs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I attest, I have used the Target Drug Good Faith Dispensing Checklist validation procedures to validate the information above:

Technician Initials: _____

Steps for Pharmacist to Complete		Yes	No
7	If available in your state, PDMP has been reviewed. Prescription is being filled on time. If your state regulates early refills of controlled substance prescriptions, follow your state's regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Patient and/or prescriber address is within geographical proximity to pharmacy; any variances can be reasonably explained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Chronic prescription use can be explained and is supported by documentation (ICD 10 code or diagnosis consistent with chronic pain condition).	<input type="checkbox"/>	<input type="checkbox"/>
10	Per CDC recommendation, naloxone was offered to the patient in case of an emergency for Prescriptions \geq 50 Morphine Milligram Equivalents (MME). *Please refer to the Internal Patient Talking Points #10-16	<input type="checkbox"/>	<input checked="" type="checkbox"/>

MME Calculator Quick Reference Guide

Codeine - 330mg/day = 49.5 MME	Fentanyl Patch- 20mcg/hour = 48 MME	Hydrocodone - 50mg/day = 50 MME	Hydromorphone - 12mg/day = 48 MME
Methadone up to 20mg/day = 80MME	Morphine - 50mg/day = 50 MME	Oxycodone - 33mg/day = 49.5 MME	Oxymorphone - 16mg/day = 48 MME
Tapentadol - 125mg/day = 50 MME	Tramadol - 400mg/day = 40 MME		

Refer to Opioid Dosage Calculator and CDC handout "Calculating Total Daily Dose of Opioids for Safer Dosage"

If in your professional judgment a call to the prescriber's clinical staff is warranted, document conversation in notes section. If no call is required, complete this form with your signature.

(For Hospice, oncology, and sickle cell patients only: RPh may fill the prescription without verification provided the elements of Good Faith Dispensing are met.)

Notes:

I attest that I have used the Target Drug Good Faith Dispensing Checklist validation procedures and my professional judgment to review this prescription and I have:

Dispensed: Pharmacist signature K. HeatonRefused: (RPh must inform patient of refusal and make a copy of the Rx for the refusal file folder)

Proprietary & Confidential. This Checklist and the information contained herein is a Trade Secret of Walgreen Co.